Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	9-6-08	Address:	Mapes Rd E/O	
Case #:	22F43545		County Road 1000 Fast	
County:	No <u>ble</u>		Kondallville In 46755	
Type of Laboratory Scizure (check one) Operational Lab Chemical/Glassware/Equipment (only)		Seizure Location (c	theck all that apply) If I I I I I I I I I I I I I I I I I I	
Dumpsi Dumpsi		Vchicle	Other:	
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s): Red Phosphorous/Iodine Reaction(s): Flammable Solvents: Coleman Fuel Water Reactive Metal (Lithium): Lithium Battery Anhydrous Ammonia: Ilydrochloric Acid Gas Generator(s): 12 oz HCL Corrosive Acid: Corrosive Base: Other (item and location): Filter, Salt				
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services		☐ Ephedrine ☐ Retail/Me ☑ Other: <u>PD</u>		
This report is to be faxed to the following agencies that serve the location:				
Health Depa	nent: <u>Kendllville Fire</u> rtment: <u>Noble County Health</u> rtion Scrvice:	Fax: <u>260-34</u> Fax: <u>260-</u> 63 Fax:	· 	
For further information regarding this methamphetamine laboratory, contact Investigating Officer; Tpr Rob Smith Phone 260-432-8661				

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scone processing.

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.